Case Number:	CM15-0008434		
Date Assigned:	01/26/2015	**Date of Injury:**	10/17/2003
Decision Date:	03/18/2015	**UR Denial Date:**	12/16/2014
Priority:	Standard	**Application Received:**	01/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old female who sustained an industrial related injury on 10/17/03. The injured worker had complaints of low back pain. Prescriptions included Suboxone, Relafen, Ambien, and Robaxin. Diagnoses included status post diskectomy at L4-5 in August 2004 and status post spinal cord stimulator implantation in 2006.The treating physician requested authorization for Ambien 5mg tablets. On 12/16/14 the request was non-certified. The utilization review physician cited the Official Disability Guidelines and noted this medication is recommended for short term use. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ambien 5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7,8 Page(s): 7-8. Decision based on Non-MTUS Citation FDA.

Decision rationale: No, the request for Ambien was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration notes, however, that Ambien is indicated for short-term treatment of insomnia, for up to 35 days. Here, however, the 90-tablet supply of Ambien at issue represents treatment well in excess of the FDA label. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would support such usage. Therefore, the request was not medically necessary.